

UNITED STATES CIVIL SERVICE COMMISSION  
 BUREAU OF RETIREMENT AND INSURANCE  
 WASHINGTON 25, D.C.

ADDRESS REPLY TO  
 "U.S. CIVIL SERVICE COMMISSION"  
 AND REFER TO  
 FILE RH:CJN:hs

AND DATE OF THIS LETTER

February 24, 1961

STAT

[Redacted]  
 President, Government Employees  
 Health Association, Inc.  
 P. O. Box 463  
 Washington, D. C.

1. *AB*  
 2. *AB*  
 3. *AB*

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Dear [Redacted]

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Attached is a copy of the Commission's official instructions to agencies concerning contact between Federal agency officials and employees and representatives of carriers participating in the Federal employees health benefits program. These are the instructions which were the subject of our letter of January 17, 1961, to you. These instructions are being distributed to Federal agencies.

Sincerely yours,

*Andrew E. Ruddock*

Andrew E. Ruddock  
 Director

Attachment:

PUBLISHED IN ADVANCE OF INCORPORATION  
IN FPM Chapter I-5  
RETAIN UNTIL SUPERSEDED.

FPM LET. 890-2

UNITED STATES CIVIL SERVICE COMMISSION

## FEDERAL PERSONNEL MANUAL SYSTEM

### LETTER

Washington 25, D. C.

February 15, 1961

RH:CJN:hs

FPM LETTER NO. 890- 2

**SUBJECT:** Federal Employees Health Benefits Program: Contacts between Health Benefit Plan Carriers and Agencies.

#### *Heads of Departments and Independent Establishments:*

Supplements Nos. 3 and 7 of C.S.C. Departmental Circular 1024 request agencies not to accept "help" from a carrier's representative in explaining a health benefits plan to employees. The purpose of this request was to avoid any direct or indirect solicitation by carrier representatives for enrollment in any of the approved plans.

Some agencies and carriers have now suggested that the policy expressed in paragraph 1 above be relaxed to permit establishment of direct contact between agency officials concerned with health benefits and carrier representatives, and to admit carrier representatives to agency premises for the purpose of assisting enrolled employees who need help in filing claims or planning for medical care.

Appropriate agency (including installation) officials are now encouraged to establish and maintain contacts with local representatives of carriers for the purpose of equipping themselves to be of maximum service to employees. The Civil Service Commission will not object if an agency, in its discretion, admits an authorized representative of a carrier to agency premises. However, any contact with a representative of a carrier on agency premises should be controlled by the agency and limited to agency personnel who have responsibility under the health benefits program and to individual employees who have claim or benefit questions about that carrier's plan. Where an agency believes that a meeting of a group of employees enrolled in a plan with a representative of that plan would best serve the employees' needs, such a meeting may be arranged by the agency. Group meetings should be the exception rather than the rule and should be confined to matters which are of general interest.

**INQUIRIES:** Regional Office or Bureau of Retirement and Insurance  
DUDley 6-3535 (Code 129, Extension 3535)

**CSC CODE:** 890- Group Health Insurance

**DISTRIBUTION:** FPM

61-12

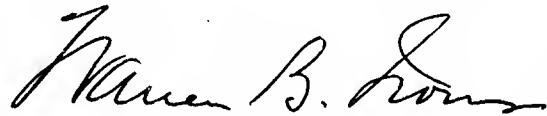
FPM LET. 890- 2(2)

Agencies should also understand that a carrier representative can give authoritative information only about the plan he represents. Questions not pertaining to the benefits of a plan - such as questions on enrollment and change of enrollment should not be taken up with carrier representatives.

Agencies are reminded that they should adhere scrupulously to a policy of equal treatment of all carriers. An agency which admits one carrier representative to its premises should similarly welcome authorized representatives of all approved carriers of plans in which installation employees are enrolled.

Carriers are being informed that their authorized representatives should be technically qualified to explain and assist with problems involving any phase of the benefit structure of their plan. They must at all times refrain from solicitation for membership in any plan, and must avoid any comparison of one plan with any other approved plan. An agency should report any instance of prohibited solicitation or comparison to the Civil Service Commission in Washington, D. C., if it occurs in the Washington metropolitan area. Any such violation in the field should be reported to the appropriate Commission regional office.

The headquarters offices of carriers are being supplied with copies of this supplement.



Warren B. Irons  
Executive Director

UNITED STATES CIVIL SERVICE COMMISSION  
 BUREAU OF RETIREMENT AND INSURANCE  
 WASHINGTON 25, D.C.

ADDRESS REPLY TO  
 "U.S. CIVIL SERVICE COMMISSION"  
 REFER TO  
 FILE RH:EFM:aha  
 AND DATE OF THIS LETTER

February 20, 1961

[REDACTED]  
 Government Employees Health Association, Inc.  
 P. O. Box 463  
 Washington, D. C.

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There is attached for your information a copy of the Employee Questionnaire which we are using as a part of our evaluation of the operations of the health benefits program. During the next few months it will be administered to a ten per cent sample, randomly selected, of the Federal employee population.

When we have obtained and summarized a sufficient number of questionnaires, we will be glad to inform you of our findings about employee reaction to your plan, and perhaps discuss them with you at a convenient time.

Sincerely yours,

*Andrew E. Rudolock*  
 Andrew E. Rudolock  
 Director

Enclosure

**HEALTH BENEFITS SURVEY  
EMPLOYEE QUESTIONNAIRE**

Agency \_\_\_\_\_

Installation \_\_\_\_\_

City and State \_\_\_\_\_

Date \_\_\_\_\_

The Civil Service Commission wants to know what changes in the Federal Employees Health Benefits Program are most desired by employees. You are one of the employees, selected at random, whose opinions are being requested. If you are covered by a health benefits plan under this program, either through your own enrollment or someone else's, please answer the following questions. (If you are NOT COVERED by a plan under this program, check the box at the left and do not complete the questionnaire.) *You do not need to sign your name or otherwise identify yourself.*

I am NOT COVERED by a health benefits plan under this program.

1. What is your enrollment code number? (For example: 102, 201, 531, etc. If in doubt, see instructions on other side of this page.) \_\_\_\_\_

2. If you could make a choice today, would you choose the same plan?  Yes  No

3. If you have used your plan since the Government program went into effect in July 1960, were you generally satisfied with the handling of your case?  Yes  No  Haven't used

If you were definitely dissatisfied with its handling, what is the *main* reason?

4(a). If you feel STRONGLY that something about your particular plan should be changed, what *one* change would you *most* like to have made? (Be *specific*.)  Doesn't apply

(b). Would you be willing to pay more, if necessary, to have this change made?  Yes  No  Doesn't apply

5. What *one* suggestion, if any, would you offer to improve the operation or the content of *the program as a whole* (NOT the benefits of your particular plan, or the way it works)?

## ENROLLMENT CODE NUMBERS

Your enrollment code is a 3-digit number. Get the *first two* digits of your enrollment code number from the list below:

<p>1-0- Service Benefit Plan (Blue Cross-Blue Shield)</p> <p>2-0- Indemnity Plan (Aetna)</p> <p>3-0- American Federation of Government Employees (AFGE Health Benefit Plan)</p> <p>3-1- Federal Postal Hospital Association</p> <p>3-2- National Association of Letter Carriers (NALC Health Benefit Plan)</p> <p>3-3- National Association of Post Office and General Services Maintenance Employees (Maintenance Employees Benefits Plan)</p> <p>3-4- National Federation of Post Office Clerks (AFL-CIO Post Office Clerks Benefit Plan)</p> <p>3-5- National Federation of Post Office Motor Vehicle Employees (Motor Vehicle Employees Benefit Plan)</p> <p>3-6- National League of Postmasters of the United States (Postmasters Benefit Plan)</p> <p>3-7- National Postal Union (NPCU Health Benefit Plan)</p> <p>3-8- National Rural Letter Carriers' Association (Rural Carrier Benefit Plan)</p> <p>3-9- United National Association of Post Office Craftsmen (UNAPOC Health Benefit Plan)</p> <p>4-0- American Foreign Service Protective Association (Foreign Service Benefit Plan)</p> <p>4-3- Group Health Insurance Board (Canal Zone) (Canal Zone Benefit Plan)</p> <p>4-4- Special Agents Mutual Benefit Association (SAMBA Health Benefit Plan)</p> <p>5-0- Group Health Association, Inc., Washington, D.C.</p> <p>5-1- Health Insurance Plan of Greater New York, New York City</p>	<p>5-3- Group Health Plan, Inc., St. Paul, Minnesota</p> <p>5-4- Group Health Cooperative of Puget Sound, Seattle, Washington</p> <p>5-5- The Bridge Clinic, Seattle, Washington</p> <p>5-6- Western Clinic, Tacoma, Washington</p> <p>5-7- Kaiser Foundation Health Plan of Oregon, Portland, Oregon</p> <p>5-8- Physicians and Surgeons Association, San Francisco, California</p> <p>5-9- Kaiser Foundation Health Plan, Inc., Northern California Region</p> <p>6-0- Pacific Health Plan, Los Angeles, California</p> <p>6-1- Ross-Loos Medical Group, Los Angeles, California</p> <p>6-2- Kaiser Foundation Health Plan, Inc., Southern California Region</p> <p>6-3- Kaiser Foundation Health Plan, Inc., Hawaii Region</p> <p>8-0- Group Health Insurance, Inc., New York City</p> <p>8-1- North Idaho District Medical Service Bureau, Lewiston, Idaho</p> <p>8-2- Seattle Letter Carriers Medical Service, Inc., Seattle, Washington</p> <p>8-3- Washington Physicians Service, Seattle, Washington</p> <p>8-4- National Hospital Association, Inc., Portland, Oregon</p> <p>8-5- Ray E. Harris, M.D. and Staff, San Francisco, California</p> <p>8-6- California Counties Medical Societies' Foundation for Medical Care, Stockton, California</p> <p>8-7- Hawaii Medical Service Association, Honolulu, Hawaii</p>
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Get the *last* digit of your enrollment code number from the chart below:

<i>Type of enrollment</i>	<i>High option</i>	<i>Low option</i>
Self only	1	4
Family	2	5
Family—Female with nondependent husband	3	6

(If your plan has only one option, the last digit in your enrollment code will be 1, 2, or 3.)